

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13748

State File No. ....

FILED APR 21 1953

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| BIRTH NO. ....   |  | REG. DIST. NO. 100  |  | PRIMARY REG. DIST. NO. 3018   |  | Registrar's No. 39   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Dent  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Dent |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem   |  |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem 0331                                   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION X  |  |   |  | d. STREET ADDRESS (If rural, give location) East 4th 0  |  |  |  |
| 3. NAME OF DECEASED (Type or Print) John Loss  |  | a. (First)  |  | b. (Middle) Richards  |  | c. (Last)  |  |
| 4. DATE OF DEATH 4/13/53   |  | 5. SEX 0 male   |  | 6. COLOR OR RACE white  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /                 |  |
| 8. DATE OF BIRTH Feb 7 1864  |  | 9. AGE (In years last birthday) 89  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse trader                   |  | 11. BIRTHPLACE (City and State or Foreign Country) Indiana                       |  |
| 12. CITIZEN OF WHAT COUNTRY?   |  | 13a. FATHER'S NAME Cage Richards  |  | 13b. MOTHER'S MAIDEN NAME Realty Richards   |  | 14. NAME OF HUSBAND OR WIFE Sarah Richards                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X  |  | 16. SOCIAL SECURITY NO. X   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Richards Salem Mo   |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Sclerosis<br>ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) general arterio sclerosis<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs 10-12 yrs                               |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  | 21f. HOW DID INJURY OCCUR?   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from 1940, 19, to 4-13-53, 19, that I last saw the deceased alive on Jan 19 53, and that death occurred at 7 A m., from the causes and on the date stated above.       |  |   |  |   |  |  |  |
| 23a. SIGNATURE J. W. Ford (Degree or title) DO. 2  |  | 23b. ADDRESS Salem Mo.  |  | 23c. DATE SIGNED 4-14-53  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial   |  | 24b. DATE 4/15/53   |  | 24c. NAME OF CEMETERY OR CREMATORY Cedar Grove  |  | 24d. LOCATION (City, town, or county) (State) Salem Mo                           |  |
| DATE REC'D BY LOCAL REG. 4-16-53   |  | REGISTRAR'S SIGNATURE M. M. Hart  |  | 25. FUNERAL DIRECTOR'S SIGNATURE 83-0   |  | ADDRESS  |  |

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Carl H. Spinner*

Licensed Embalmer No. *2370*

P. O. Address *Palmer, Me.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.